

Funding Checklist for Plans of Care/Service Plans

Individual: _____ Case Manager: _____ Initial _____ Annual _____ Cost Revision (____ Indicated on Plan)

<u>MR-2 (CAP-MR/DD Annual Plans only)</u> _____ POC submitted by AP/LME deadline _____ MR-2 Enclosed _____ Signed and dated by QP or physician _____ Signature dated during birthday month or no earlier than one month prior to the birthday month and before responsible person signs POC _____ ICF-MR Level of Care supported by MR-2 (if questioned, discuss need for new assessments and referral to EDS with case manager)	<u>Case Management/Signature Page (Annual and Initial Plans only)</u> _____ Consumer and/or legally responsible person, if there is one, signs/dates in CAP section (if CAP funded) or in Plan Section (if not CAP funded)
<u>MR-2 (CAP-MR/DD Initial Plans only)</u> _____ POC submitted within 60 days of MR-2 prior approval deadline and AP/LME deadline _____ MR-2 Enclosed _____ Signed/dated by physician before responsible person signs POC	<u>Case Management/Signature Page</u> _____ Case manager signs/dates _____ QP signs/dates, if necessary
<u>POC (Initials and Annual Plans only)</u> _____ Residency indicated _____ Special funding indicated _____ CAP-MR/DD Status indicated (CAP-MR/DD only) _____ Legally Responsible Person indicated _____ Diagnosis indicated _____ Medication section completed _____ Medications match MR-2 (CAP-MR/DD only) _____ Medications match diagnoses	<u>Attachments</u> _____ NC-SNAP (for Revisions: only if changed) _____ Crisis plan as needed _____ Behavior plan as needed _____ Justification for equipment/supplies (CAP-MR/DD only)
<u>POC</u> _____ Strengths/Preferences indicated _____ Issues/Needs indicated _____ What we need to do to support this person related to health and safety issues is completed _____ Outcomes based on Strengths/Preferences/Issues/Needs _____ What _____ How _____ Responsible Person _____ By When _____ _____ Service and Frequency _____ Health and safety issues from assessments (i.e. MR-2 item 30-CAP-MR/DD) are addressed _____ Outcomes for requested waiver equipment and supplies (CAP-MR/DD only) _____ Justification for requested service or level of services _____ Plan supports funding and is developed according to individual's assessed preferences and needs	<u>Cost Summary</u> _____ Effective date is the latest of the following three dates: prior approval; Medicaid approval; or deinstitutionalization date (Initials only) _____ Effective date is 1 st day of the month following the birth month (Annual Plans only) _____ Frequency/How Many/How Often/ # Months indicated _____ From/To dates indicated (MM/DD/YY) _____ Rates/Calculations are correct _____ Total cost does not exceed upper limit (CAP-MR/DD only) _____ Comments/calculations included for supplies/equipment _____ Services within limitations

Approved _____ Denied _____ (check one)

Reviewer: _____ Date: _____

Follow-up Issues:

CAP-MR/DD Local Plan Approval Monitoring

- DMH/DD/SAS Consultants will monitor CAP-MR/DD Plans of Care approved by local Lead Agencies on a quarterly basis.
- DMH/DD/SAS Consultants will review of sample of activities approved locally during the three-month review period just prior to the monitoring visit. The sample will consist of no fewer than five percent of the total number of active waiver recipients funded by the Lead Agency, not to exceed ten activities in the designated review period.
- The Lead Agency monitoring visit will be scheduled at least one week in advance with the local CAP-MR/DD Coordinator or his/her designee. The Coordinator will be asked to arrange workspace for the DMH/DD/SAS Consultant, a copy of the local approval plan, and the log of activities approved during the three-month period of time just proceeding the visit.
- Upon arrival at the Lead Agency, the Consultant will review the activity log and note any issues with time lines of approved/denied activities. The Consultant will select the sample randomly from the list of activities, making sure that the sample includes a proportional number of initial plans, continued need reviews (minimum of three continued need reviews), and cost revisions. The Lead Agency will provide the Consultant the files of the consumers whose records have been selected for review, including approval checklists and other records that kept related to local approval. If Local Approval Activities are maintained within the person's file rather than separately, the Lead Agency will provide a written guide as to where the Consultant or other reviewer can locate the necessary information within the person's file.
- The Consultant will review each local approval activity, using the Funding Checklist for Plans of Care/Service Plans. The Consultant will also look at Local Approval Infrastructure Systems. These include: local approval staff certification; back-up reviewers participation in review activities; short/long term planning for coverage of Local Approval activities; and support from the organizational structure for timely implementation of the Local Approval Plan.
- Consultants will require Plans of Correction for any Plan with deficiencies in the MR-2 and/or Case Management Signature Page Sections of the Funding Checklist for Plans of Care/Service Plans. The Consultant may require a Plan of Correction for items contained in the Plan of Care, Attachment, or Cost Summary Sections of the Funding Checklist should two or more Plans contain errors on the same item of the Checklist. Depending on the types of errors identified, the Consultant, in conjunction with the DMH/DD/SAS Accountability Team Leader, may schedule a follow-up monitoring within 45 days of the first visit. The DMH/DD/SAS Accountability Team Leader will assign staff to conduct this monitoring visit. Procedures for notification of the visit, provision of work space, feedback to local Lead Agency Staff, and formal reports will be followed as outlined for the Quarterly Monitoring Visits. The sample size will be determined by the State Waiver Office staff and based on the types of errors noted in the Quarterly Monitoring Visit.
- Plans of Correction will be submitted to the Consultant requesting the Plan of Correction within ten days of the receipt of the written report of the monitoring visit. Plans of Correction will be copied to the Accountability Team Leader. The Consultant will issue a letter approving or disapproving the Plan of Correction within ten working days of the receipt of the Plan of Correction, copying the letter to the Accountability Team Leader. The Consultant will monitor the implementation of the Plan of Correction on the next scheduled monitoring visit.

- Within seven working days of a monitoring visit, a summary report will be completed and mailed to the Lead Agency. The original report will be maintained in the Accountability Team Office with copies submitted to the Lead Agency CAP-MR/DD Coordinator and Lead Agency Director.
- Plans of Correction must be submitted to the assigned State Waiver Office Consultant within ten working days of notification that one will be required. All requests for submission of a Plan of Correction will be copied to the Lead Agency Director, and Accountability Team Leader.
- If the local Lead Agency continues to have deficiencies/errors in plan of care approvals, one or more of the following steps will be followed: requirement of submission of a formal plan of correction; revoking the approval competencies of one or more of the Local Approval staff; requiring the Local Approval staff to attend additional training; and/or referral to the Accountability Team for a formal audit. The Director of the Lead Agency will also be notified if one of these steps are taken.
- Continued non-compliance with the Lead Agency Local Approval Plan will result in a recommendation by the DMH/DD/SAS to the Director of DMH/DD/SAS that Lead Agency status be revoked. Such recommendations will be copied to, the Director of the Lead Agency. The Director of DMH/DD/SAS will determine if the recommendation warrants recommendation to DMA and the Secretary of DHHS if Local Lead Agency status should be revoked.

If the Local Lead Agency disagrees with any written report or action taken by DMH/DD/SAS as a part of the Local Approval Monitoring, the Local Lead Agency should notify the DMH/DD/SAS Accountability Team Leader. Notification must be made in writing within seven days of the receipt of any written report or notification of action. Appeals of any report will be made as follows: DMH/DD/SAS Consultant; DMH/DD/SAS Accountability Team Leader; Resource/Regulatory Coordination and Management Section Chief; and DMH/DD/SAS Director, in that order. These individuals will respond to any appeal of any report within seven days of the receipt of the report with the Lead Agency having the right to appeal to the next level within seven days of receipt of the response of the DMH/DD/SAS staff. The decision of the Director of DMH/DD/SAS will be final.

Summary of Local Approval Monitoring**Area Program:** _____ **Date:** _____ **No. of Records Reviewed:** _____

Plan Reviewed	Type of Activity	Results

Local Approval Infrastructure Review and Findings:

- Review of Activity Log: _____

- Local Approval Staff Certification: _____

- Planning for Coverage of Local Approval: _____

- Organization/Support Issues: _____

Other Findings: _____

Recommendations: _____

Comments on Plans of Correction required from previous monitoring visits: _____

The next Local Approval monitoring will occur _____ (month/yr.)

Consultant: _____ Date: _____

cc: DMH/DD/SAS
CAP-MR/DD Coordinator
DD Coordinator

CAP-MR/DD Elements for Person-Centered Planning for Local Approvers

- ☐ Understand the importance of language that demonstrates respect, shared control, and use of “person first language”.
- ☐ Understand the basic philosophy of person and family centered planning.
- ☐ Understand the difference between traditional planning methods and use of the person centered model.
- ☐ Understand the methods for gathering information about the person.
- ☐ Understand that people change, therefore their plan changes.
- ☐ Understands that plans that are person-centered reflect the perceptions of the person and those who know and care about him/her.
- ☐ Understands how to separate what is important to the person from what is important to others.
- ☐ Understands the concept of what makes sense and what does not make sense to the person.
- ☐ Understands that person centered planning is a way of making sure that the person is heard, regardless of the severity of his/her disability.
- ☐ Understands issues that relate to the routines, rhythms, or pace of life.

The signatures below verify that training in the elements indicated above has been completed and the local approver/local approver trainee understands these elements. (Attach training certificate or training dates and training agenda.)

Signature of local approver/trainee

Signature of trainer or supervisor

Date

Date

CAP-MR/DD Elements for Introduction to CAP-MR/DD

- ☐ Understands goals, guiding principles, waiver requirements/assurances, administration, and CAP-MR/DD criteria, including criteria for ICF-MR.
- ☐ Understands Medicaid eligibility and deductibles for waiver recipients/applicants.
- ☐ Understands CAP-MR/DD service definitions, staff qualifications, and limitations.
- ☐ Knows how to assist a waiver recipient in accessing regular Medicaid Community Services.
- ☐ Understand the Single Portal Process and assessments needed in determining eligibility for services and supports.
- ☐ Understands who completes the MR-2 for Initial Plans of Care and CNRs.
- ☐ Knows how to complete a MR-2 and how to process an initial MR-2.
- ☐ Knows how to assist an applicant for CAP-MR/DD in obtaining waiver funding.
- ☐ Knows how to complete the Plan of Care.
- ☐ Knows how to complete a Cost Summary, including how to prorate items for a revision.
- ☐ Knows the steps and timelines in completing a Continued Need Review.
- ☐ Knows how to complete a Cost Revision, including the timelines.
- ☐ Knows how to have a Plan of Care activity approved and how to have a service exception approved.
- ☐ Understands Case Manager's responsibilities for coordinating and monitoring services.
- ☐ Understands the Consumer Choice guidelines and procedures, and how to explain provider choice to a recipient and the recipient's family.
- ☐ Knows documentation requirements for CAP-MR/DD services.
- ☐ Understands how to handle recipient absences, transfers, and terminations.
- ☐ Understand responsibilities of Lead Agencies and Provider Agencies.
- ☐ Understands the Case Manager's role in billing and monitoring paid claims.
- ☐ Knows how to assist a waiver recipient in appealing CAP-MR/DD decisions.

The signatures below verify that training in the elements indicated above has been completed and the person understands these elements.

Signature of trainee

Signature of trainer or supervisor

Date

Date

CAP-MR/DD Elements for Introduction to Local Approval

- ☐ Has a copy of and understands the timelines and other requirements in the agency's local approval plan.
- ☐ Understands the information required for approving Initial, Continued Need Reviews, and Cost Revisions, including equipment and supply requests.
- ☐ Understands the elements of the Approval Checklists and how to use these Checklists.
- ☐ Understands the Coordination of CAP-MR/DD with Educational Services.
- ☐ Knows the exceptions that must be submitted to the DMH/DD/SAS Waiver Office.
- ☐ Knows the equipment that must be submitted to the DMH/DD/SAS.
- ☐ Understands the Criteria for Supported Living Levels.
- ☐ Understands the Criteria for Individual vs. Group Services.
- ☐ Knows how to review a Cost Summary.
- ☐ Understands the importance of reviewing the Plan of Care activities in relation to previously approved plans.
- ☐ Understands the importance of including the person's appeal rights if a Plan of Care activity is denied.
- ☐ Knows that Plans of Care may not be approved retroactively.
- ☐ Knows how to acknowledge incomplete Plans at the Local Level of the timelines associated with this.

The signatures below verify that training in the elements indicated above has been completed and the local approval trainee understands these elements.

Signature of local approval trainee

Signature of trainer

Date

Date